

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) ▼

2000 14TH ST

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
02 29 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer

Jennifer Murphy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 02 / 29 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2012		<span style="border: 1px solid black; padding: 2px;">186528.21</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">221153.50</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49067.12</span>	<span style="border: 1px solid black; padding: 2px;">144441.74</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">270220.62</span>	<span style="border: 1px solid black; padding: 2px;">330969.95</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">67268.44</span>	<span style="border: 1px solid black; padding: 2px;">128017.77</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">202952.18</span>	<span style="border: 1px solid black; padding: 2px;">202952.18</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 02 / 29 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

21662.70

73047.70

(ii) Unitemized .....

25403.43

69390.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

47066.13

142438.56

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

47066.13

142438.56

## 12. Transfers From Affiliated/Other

Party Committees.....

0

0

## 13. All Loans Received .....

0

0

## 14. Loan Repayments Received.....

0

0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2000.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.99

3.18

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

49067.12

144441.74

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

49067.12

144441.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	3768.44	5517.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3768.44	5517.77
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	122500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67268.44	128017.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67268.44	128017.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	47066.13	142438.56
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47066.13	142438.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3768.44	5517.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3768.44	5517.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Stephen Albers**

Mailing Address PO Box 11207

City State Zip Code  
Tacoma WA 98411-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albers & Company, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2012

**Transaction ID : 12325**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Elizabeth Ashmore**

Mailing Address 6102 82nd St Ste 6

City State Zip Code  
Lubbock TX 79424-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashmore & Associates Insurance Agency

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : 12390-P55395**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. Mark Bagnall**

Mailing Address 1345 E Chandler Blvd Bldg 1STE103

City State Zip Code  
Phoenix AZ 85048-6279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Bagnall Company

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2012

**Transaction ID : 12324**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

920.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Rick Bailey**

Mailing Address 4390 Earney Rd Ste 240

City

Woodstock

State

GA

Zip Code

30188-5687

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rick Bailey &amp; Company, Inc.

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P56098

Amount of Each Receipt this Period

135.00

Payroll Deduction

(\$135.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Kathryn Beals**

Mailing Address 1277 Deming Way

City

Madison

State

WI

Zip Code

53717-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dean Health Plan

Occupation

Director Group Retention

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55325

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Bruce Benton**

Mailing Address 19528 Ventura Blvd # 596

City

Tarzana

State

CA

Zip Code

91356-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis Financial &amp; Insurance Services

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55330

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. David A. Berman**

Mailing Address 6510 N Shadeland Ave

City  
Indianapolis

State  
IN

Zip Code  
46220-4369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neace Lukens Holding Company, Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55331**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Thomas Besselman**

Mailing Address 6421 Perkins Rd Bldg A # 2B

City  
Baton Rouge

State  
LA

Zip Code  
70808-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Besselman & Little Agency, LLC

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55984**

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Laura Blomgren**

Mailing Address 1515 E Woodfield Rd Ste 625

City  
Schaumburg

State  
IL

Zip Code  
60173-5435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peridot Financial Group, LLC

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55854**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Nedra D. Boggs**

Mailing Address PO Box 13389

City

Jackson

State

MS

Zip Code

39236-3389

FEC ID number of contributing federal political committee.

C

Name of Employer

Regions Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12384

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Victoria Braden**

Mailing Address 5726 Fairley Hall Ct

City

Norcross

State

GA

Zip Code

30092-1425

FEC ID number of contributing federal political committee.

C

Name of Employer

Braden Benefit Strategies, Inc

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55429

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Shawn F. Brashears**

Mailing Address 301 International Cir

City

Hunt Valley

State

MD

Zip Code

21030-1334

FEC ID number of contributing federal political committee.

C

Name of Employer

Kelly &amp; Associates Insurance Group

Occupation

Director of Business Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P56163

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Russell Childers**

Mailing Address PO Box 1547

City	State	Zip Code
Americus	GA	31709-1547

FEC ID number of contributing federal political committee.

C

Name of Employer

Russ Childers, CLU

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2012

**Transaction ID : 12390-P55323**

Amount of Each Receipt this Period

95.00

Payroll Deduction

(\$95.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Rita H Cleveland**

Mailing Address 3342 Greystone Way

City	State	Zip Code
Valdosta	GA	31605-1096

FEC ID number of contributing federal political committee.

C

Name of Employer

H&amp;H Insurance Solutions, Inc.

Occupation

Benefits Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2012

**Transaction ID : 12393-P55895**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Teresa Conto**

Mailing Address 15800 Crabbs Branch Way # 350

City	State	Zip Code
Rockville	MD	20855-2604

FEC ID number of contributing federal political committee.

C

Name of Employer

Independent Benefit

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2012

**Transaction ID : 12390-P55291**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

210.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

A. Troy Cook

Mailing Address 12421 Meredith Dr

City

Urbandale

State

IA

Zip Code

50398-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marsh U.S. Consumer

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55292

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Catherine Cooper

Mailing Address 39500 High Pointe Blvd Ste 400

City

Novi

State

MI

Zip Code

48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Administrators

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55906

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Teresa R. Copley

Mailing Address 421 4th Ave SE

City

Cedar Rapids

State

IA

Zip Code

52401-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TrueNorth

Occupation

Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2012

Transaction ID : 12354

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

492.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Johnny L Dawkins**

Mailing Address 921-C S McPherson Church Rd

City State Zip Code  
 Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ebenconcepts

Occupation

Broker/Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55564**

Amount of Each Receipt this Period

142.00

Payroll Deduction

(\$142.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Rush Dixon**

Mailing Address 1375 Piccard Dr

City State Zip Code  
 Rockville MD 20850-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Early Cassidy and Schilling

Occupation

VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55532**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Sam Drysdale**

Mailing Address 4520 S National

City State Zip Code  
 Springfield MO 65810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Plans

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55538**

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

354.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael A. Embry**

Mailing Address 26240 Wacker Dr

City

Chesterfield

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comerica Insurance Services, Inc.

Occupation

VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P56154**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Barry J. Fisher**

Mailing Address 7343 El Camino Real

City

Atascadero

State

CA

Zip Code

93422-4697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barry J. Fisher Insurance Marketing

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55550**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Erin B. Fisher**

Mailing Address 131 Courtland Ave Apt 6

City

Stamford

State

CT

Zip Code

06902-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Find Medicare Plans

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55551**

Amount of Each Receipt this Period

172.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

427.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Bruce Frizen**

Mailing Address 1706 Grayscroft Dr

City State Zip Code  
Waxhaw NC 28173-6678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horizon Benefits Consultants, Inc

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12393-P55627**

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Joan Galletta**

Mailing Address 3342 Kori Rd

City State Zip Code  
Jacksonville FL 32257-8883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JP Perry Insurance, Inc.

Occupation  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12393-P55811**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Joy K Gardner**

Mailing Address 9424 Double R Blvd

City State Zip Code  
Reno NV 89521-5977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comstock Insurance Agencies, Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12390-P55242**

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey W. Gennaro**

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City State Zip Code  
 Glendale AZ 85310-

FEC ID number of contributing federal political committee.

C

Name of Employer

Capitol Insurance Brokers, Inc.

Occupation

Pres.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 02 23 2012

Transaction ID : 12393-P55838

Amount of Each Receipt this Period

78.00

Payroll Deduction

(\$78.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. James Gibson**

Mailing Address 810 Dutch Square Blvd Ste 115

City State Zip Code  
 Columbia SC 29210-7337

FEC ID number of contributing federal political committee.

C

Name of Employer

Gibson &amp; Associates, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 02 23 2012

Transaction ID : 12393-P55842

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Richard Girdler**

Mailing Address 113 Seaboard Ln Ste C-170

City State Zip Code  
 Franklin TN 37067-8281

FEC ID number of contributing federal political committee.

C

Name of Employer

Cowan Benefit Services

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 02 23 2012

Transaction ID : 12393-P55844

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

333.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Ryan Gordon**

Mailing Address 1813 Sweetbay Dr

City

Salisbury

State

MD

Zip Code

21804-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Insurance Solutions

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2012

Transaction ID : 12315

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Ryan Gordon**

Mailing Address 1813 Sweetbay Dr

City

Salisbury

State

MD

Zip Code

21804-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Insurance Solutions

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55867

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Michael Gray**

Mailing Address 233 S 13th St Ste 1650

City

Lincoln

State

NE

Zip Code

68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Harry A. Koch Company

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55274

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Pamela A. Gregory**

Mailing Address PO Box 1490

City State Zip Code  
 Jackson MS 39215-1490

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Bottrell Insurance Agency Vice President, Employee Benef

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 28 2012

**Transaction ID : 12399**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph W. Guess**

Mailing Address PO Box 249

City State Zip Code  
 Pickens MS 39146-0249

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 The Leaders Group, Inc. Registered Principal/Investmen

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 24 2012

**Transaction ID : 12395**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Christopher Harrison**

Mailing Address 921-C S McPherson Church Rd

City State Zip Code  
 Fayetteville NC 28303-5368

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Ebenconcepts Company Broker

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 820.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 23 2012

**Transaction ID : 12393-P55884**

Amount of Each Receipt this Period

410.00

Payroll Deduction

(\$410.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1410.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas M. Harte**

Mailing Address 20 Mary E Clark Dr Ste 10

City

Hampstead

State

NH

Zip Code

03841-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Landmark Benefits, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 21 / 2012

**Transaction ID : 12369**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Sheila Hartman**

Mailing Address 22801 Ventura Blvd Ste 205

City

Woodland Hills

State

CA

Zip Code

91364-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheila Hartman Insurance Services

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55887**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Judith A. Hayes**

Mailing Address 1802 W Crescent Dr

City

Odessa

State

TX

Zip Code

79761-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hayes Insurance Services

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2012

**Transaction ID : 12344**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2670.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

A. Hedy Hebert

Mailing Address 4816 Woodberry Ln

City  
Benton

State  
LA

Zip Code  
71006-9361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefit Consulting Services

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55889

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. John Hinck

Mailing Address 211 McLaws Cir Ste 2

City

Williamsburg

State

VA

Zip Code

23185-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centaurus Financial, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55914

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David S. Johnson Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55664

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Suzanne Johnson**

Mailing Address 6235 Morrison Blvd Ste 302

City State Zip Code  
Charlotte NC 28211-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Employee Benefit Services

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 23 2012

Transaction ID : 12393-P55930

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Roger J Kelley**

Mailing Address 424 Lewis Hargett Cir Ste 100

City State Zip Code  
Lexington KY 40503-3683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Mutual Financial Network

Occupation  
Employee Benefits Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 23 2012

Transaction ID : 12393-P55940

Amount of Each Receipt this Period

72.00

Payroll Deduction

(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Tamara Kennedy**

Mailing Address 7740 N 16th St Ste 110

City State Zip Code  
Phoenix AZ 85020-4481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogers Benefit Group, Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 23 2012

Transaction ID : 12393-P55945

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

314.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald D. Knight**

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J. Smith Lanier &amp; Co., Inc.

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2012

Transaction ID : 12321

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Eric Kohlsdorf**

Mailing Address 1501 Ingersoll Ave Ste 200

City

Des Moines

State

IA

Zip Code

50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prisma Strategies

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12390-P55318

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Jim Lawless**

Mailing Address 989 Governors Ln Ste 350

City

Lexington

State

KY

Zip Code

40513-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefit Advisors dba Lawless Insuranc

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

Transaction ID : 12393-P55990

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1092.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Douglas Lubenow**

Mailing Address 214 W Main St Ste 203

City State Zip Code  
 Moorestown NJ 08057-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lubenow Agency

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55336**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. Michael Lugo**

Mailing Address 3620 Birch St Fl 1

City State Zip Code  
 Newport Beach CA 92660-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Rule Group

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2012

**Transaction ID : 12345**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Maurice Lyons**

Mailing Address 301 Madison Ave Fl 4

City State Zip Code  
 New York NY 10017-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Medical Link, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3650.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P56009**

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Victoria A. Major-Bell**

Mailing Address PO Box 540034

City

Lake Worth

State

FL

Zip Code

33454-0034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VMB Solutions

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55340**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Dwight Mazzone**

Mailing Address 8878 Haviland Rd

City

Las Vegas

State

NV

Zip Code

89123-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dwight M. Mazzone - Insurance

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 15 / 2012

**Transaction ID : 12361**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Dwight M Mazzone**

Mailing Address 8878 Haviland Rd

City

Las Vegas

State

NV

Zip Code

89123-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dwight M. Mazzone - Insurance

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55735**

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel McMahon**

Mailing Address 501 N Riverpoint Blvd Ste. 403

City State Zip Code  
Spokane WA 99202-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western States Jones & Mitchell

Occupation  
Benefits Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12393-P56034**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Tracie P. McPherson**

Mailing Address PO Box 2722

City State Zip Code  
Madison MS 39130-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McPherson Benefits Group,LLC

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12381**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Norman Michaels**

Mailing Address 80 Business Park Dr Ste 306

City State Zip Code  
Armonk NY 10504-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michaels & Associates

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2012

**Transaction ID : 12393-P56040**

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1335.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. John J. Nelson**

Mailing Address 32110 Agoura Rd

City State Zip Code  
Westlake Village CA 91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warner Pacific Insurance Services

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : 12393-P56070**

Amount of Each Receipt this Period

416.70

Payroll Deduction

(\$416.70 Monthly)

Full Name (Last, First, Middle Initial)

**B. Penny Nikel**

Mailing Address 917 S Main St Ste 200

City State Zip Code  
Longmont CO 80501-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nikel Insurance Associates LLC

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : 12393-P56072**

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. John C Parker**

Mailing Address 47 Laurel Hill Dr

City State Zip Code  
Niantic CT 06357-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker Agency

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2012

**Transaction ID : 12390-P55386**

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

536.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Jesse Patton**

Mailing Address 1112 Maple St

City

West Des Moines

State

IA

Zip Code

50265-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associations Marketing Group, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P56079**

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Tom Polenzani**

Mailing Address 3452 E Foothill Blvd Ste 514

City

Pasadena

State

CA

Zip Code

91107-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Polenzani Benefits & Ins. Svcs., Inc.

Occupation

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55755**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Kristopher F. Powell**

Mailing Address 1423 E 11 Mile Rd

City

Royal Oak

State

MI

Zip Code

48067-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BenePro Inc.

Occupation

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2012

**Transaction ID : 12400**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Scott Rappoport**

Mailing Address 1952 US Highway 22

City State Zip Code  
Bound Brook NJ 08805-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Sources & Solutions

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : 12377**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Scott Rappoport**

Mailing Address 1952 US Highway 22

City State Zip Code  
Bound Brook NJ 08805-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Sources & Solutions

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : 12378**

Amount of Each Receipt this Period

0

Full Name (Last, First, Middle Initial)

## **C. Susan M Rash**

Mailing Address 2108 W Laburnum Ave Ste 310

City State Zip Code  
Richmond VA 23227-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants of Virginia,

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

MM / DD / YYYY  
02 / 23 / 2012

**Transaction ID : 12393-P56109**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Dennis Recker**

Mailing Address 971 N Perry St

City

Ottawa

State

OH

Zip Code

45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fawcett, Lammon, Recker & Associates

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55403**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. R Dane Rianhard**

Mailing Address 1 E Pratt St Unit 902

City

Baltimore

State

MD

Zip Code

21202-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FranklinMorris

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P56120**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Michael Rivera**

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest General Insurance

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P56132**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Joseph Roberts**

Mailing Address 7101 S 82nd St Ste B

City  
Lincoln

State  
NE

Zip Code  
68516-6584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midlands Financial Benefits

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55413**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Walter Rohr**

Mailing Address 85 Washington St

City  
Keene

State  
NH

Zip Code  
03431-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Insurance Planning Group, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 07 / 2012

**Transaction ID : 12322**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Joel Rosenblum**

Mailing Address 230 Lipan Way

City  
Boulder

State  
CO

Zip Code  
80303-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Insurance for Asset Protection

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55761**

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1212.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Raymer Sale**

Mailing Address 1735 N Brown Rd Ste 175

City State Zip Code  
 Lawrenceville GA 30043-8153

FEC ID number of contributing federal political committee.

C

Name of Employer  
 E2E Benefits Services, Inc.

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 23 / 2012

Transaction ID : 12393-P56147

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. Craig V. Savage**

Mailing Address PO Box 511

City State Zip Code  
 Concord NH 03302-0511

FEC ID number of contributing federal political committee.

C

Name of Employer  
 The Rowley Agency, Inc.

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 14 / 2012

Transaction ID : 12355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mel Schlesinger**

Mailing Address PO Box 21533

City State Zip Code  
 Winston Salem NC 27120-1533

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 23 / 2012

Transaction ID : 12393-P55575

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Kenneth Schmidt**

Mailing Address 12213 Big Bend Road

City

St.Louis

State

MO

Zip Code

63122-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mengel, Surdyke, Murphy and Finke

Occupation

Benefits Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12389**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Chad P Schneider**

Mailing Address 4238 N Limberlost Pl

City

Tucson

State

AZ

Zip Code

85705-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFLAC

Occupation

Broker Development Coordinator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55576**

Amount of Each Receipt this Period

42.00

Payroll Deduction

(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

**c. Lynn M. Schreder**

Mailing Address 130 N 25th St

City

Fort Dodge

State

IA

Zip Code

50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KHI Financial Solutions

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 14 / 2012

**Transaction ID : 12352**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

657.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Alan Schulman**

Mailing Address 2003 Little Haven Ct

City

Olney

State

MD

Zip Code

20832-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Insurance Benefits & Advisors

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55661**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Gregory J Seifert**

Mailing Address PO Box 189

City

Vancouver

State

WA

Zip Code

98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Biggs Insurance Services

Occupation

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55764**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Steven Selinsky**

Mailing Address 28638 Oak Point Dr

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BeneSys, Inc

Occupation

Director of Sales and Marketin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55766**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Ross Shamburger**

Mailing Address PO Box 64850

City Lubbock State TX Zip Code 79464-4850

FEC ID number of contributing federal political committee.

C

Name of Employer  
Shamburger Agency, Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 14 / 2012

Transaction ID : 12351

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Gregory Smith**

Mailing Address PO Box 370

City Lincoln State IL Zip Code 62656-0370

FEC ID number of contributing federal political committee.

C

Name of Employer  
Group Marketing Services Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

02 / 23 / 2012

Transaction ID : 12393-P55605

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. Paul E Smith**

Mailing Address 100 Queen St

City Southington State CT Zip Code 06489-2052

FEC ID number of contributing federal political committee.

C

Name of Employer  
AmeriBen Alliance, LLC

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 23 / 2012

Transaction ID : 12393-P55608

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Sher Sparano**

Mailing Address 7020 108th St # 5-0

City

Forest Hills

State

NY

Zip Code

11375-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefits Advisory Service

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55614**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Eugene Starks**

Mailing Address 613 Crescent Cir Ste 201

City

Ridgeland

State

MS

Zip Code

39157-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefit Administration Services, Ltd.

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55210**

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. James Stenger**

Mailing Address 354 Eisenhower Parkway Suite 2850

City

Livingston

State

NJ

Zip Code

07039-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BenefitMall

Occupation

Director of Business Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55212**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

## **A. Marilyn Stenger**

Mailing Address 381 Victoria Drive

City State Zip Code  
 Bridgewater NJ 08807-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MVS Consulting

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55213**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. James Summers**

Mailing Address 8420 West Dodge Road, 5th Floor

City State Zip Code  
 Omaha NE 68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Senior Market Sales, Inc.

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55136**

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. Marsha Tellesbo**

Mailing Address 1001 4th Ave Ste 3200

City State Zip Code  
 Seattle WA 98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tellesbo & Company

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55645**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Janet Trautwein**

Mailing Address 2000 14th St N Ste 450

City  
Arlington

State Zip Code  
VA 22201-2573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAHU

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55141**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Michael Tye**

Mailing Address PO Box 844

City  
La Habra

State Zip Code  
CA 90633-0844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Benefit Center

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2012

**Transaction ID : 12356**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dan Webb**

Mailing Address 5251 Office Park Dr Ste 350

City  
Bakersfield

State Zip Code  
CA 93309-0644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Webb Insurance Group

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12390-P55222**

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Shelly Winson**

Mailing Address PO Box 1914

City

State

Zip Code

Chandler

AZ

85244-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

True Choice Benefits LLC

Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55701**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Dennis Woehler**

Mailing Address 1 Main St

City

State

Zip Code

Evansville

IN

47708-1464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ONB Insurance Group, Inc.

Group Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55703**

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Dennis E Wright**

Mailing Address 11617 Coldwater Rd Ste 103

City

State

Zip Code

Fort Wayne

IN

46845-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

IntraHealth Solutions, Inc.

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

02 / 23 / 2012

**Transaction ID : 12393-P55794**

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

21662.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 49

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. BEN NELSON 2012**

Mailing Address PO BOX 8666

City

OMAHA

State

NE

Zip Code

68108

FEC ID number of contributing  
federal political committee.

C

C00432401

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
02 / 28 / 2012

**Transaction ID : 12398**

Amount of Each Receipt this Period

2000.00

returned contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y Y Y Y Y  
/ / /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y Y Y Y Y  
/ / /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement  
Banking Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2012

**Transaction ID : 12461**

Amount of Each Disbursement this Period

585.55
--------

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement  
Banking Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : 12460**

Amount of Each Disbursement this Period

7.95
------

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City	State	Zip Code
Indianapolis	IN	46205

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2012

**Transaction ID : 12462**

Amount of Each Disbursement this Period

2757.10
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3350.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Banking Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 03 2012**Transaction ID : 12463**

Amount of Each Disbursement this Period

44.92

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 09 2012**Transaction ID : 12464**

Amount of Each Disbursement this Period

372.92

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

417.84

3768.44



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. BLUE DOG POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Mailing Address 6849 OLD DOMINION DRIVE

City	State	Zip Code
MCLEAN	VA	22101

**Transaction ID : 12305**Purpose of Disbursement  
Renewal 2012

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**BLUE DOG POLITICAL ACTION COMMITTEE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR JOSH MANDEL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Mailing Address 50 WEST BROAD STREET SUITE 1900

City	State	Zip Code
COLUMBUS	OH	43215

**Transaction ID : 12407**Purpose of Disbursement  
Dinner 3/13

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**JOSH MANDEL**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: OH District: 00

Full Name (Last, First, Middle Initial)

**C. DENHAM FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Mailing Address 2150 RIVER PLAZA DR., #150

City	State	Zip Code
SACRAMENTO	CA	95833

**Transaction ID : 12309**Purpose of Disbursement  
Reception 1/24/12

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**JEFF DENHAM**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 10

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City	State	Zip Code
CASPER	WY	82605

Purpose of Disbursement  
Lunch 2/15/12

Candidate Name

**JOHN BARRASSO**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

**Transaction ID : 12357**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address PO BOX 335

City	State	Zip Code
CALHOUN	GA	30703

Purpose of Disbursement  
NRCC Naples 2/18

Candidate Name

**JOHN THOMAS MR. JR. GRAVES**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : 12376**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. HOOSIERS FOR ROKITA, INC.**

Mailing Address 7643 EAST U.S. 36

City	State	Zip Code
AVON	IN	46123

Purpose of Disbursement  
In-district event 2/23

Candidate Name

**THEODORE EDWARD ROKITA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2012

**Transaction ID : 12388**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. JO BONNER FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2012

Mailing Address P.O.BOX 851232

City	State	Zip Code
MOBILE	AL	36685

**Transaction ID : 12374**Purpose of Disbursement  
2/28 Dinner

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**JO BONNER**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 01

Full Name (Last, First, Middle Initial)

**B. JUDY BIGGERT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Mailing Address P.O. BOX 637

City	State	Zip Code
HINSDALE	IL	60522

**Transaction ID : 12319**Purpose of Disbursement  
Lunch 2/9/12

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**JUDY BIGGERT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Full Name (Last, First, Middle Initial)

**C. KISSELL FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

Mailing Address P.O. BOX 1530

City	State	Zip Code
BISCOE	NC	27209

**Transaction ID : 12310**Purpose of Disbursement  
Reception 1/24/12

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**LARRY W KISSELL**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 08

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. KRISTI FOR CONGRESS**

Mailing Address PO BOX 852

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Breakfast 3/1/12

Candidate Name

**KRISTI LYNN NOEM**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

**Transaction ID : 12330**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement  
Lunch 2/27

Candidate Name

**MITCH MCCONNELL**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : 12375**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO BOX 2334

City	State	Zip Code
DENTON	TX	76202

Purpose of Disbursement  
Capitol Conference Luncheon 1/25/12

Candidate Name

**MICHAEL C. DR. BURGESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2012

**Transaction ID : 12316**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City	State	Zip Code
LYNDORA	PA	16045

Purpose of Disbursement  
Reception 1/24/12

Candidate Name

**GEORGE J JR J. JR. KELLY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2012

**Transaction ID : 12311**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MULVANEY FOR CONGRESS**

Mailing Address P.O. BOX 1975

City	State	Zip Code
LANCASTER	SC	29721

Purpose of Disbursement  
Lunch 3/5/12

Candidate Name

**JOHN MICHAEL 'MICK' MULVANEY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2012

**Transaction ID : 12329**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Renewal 2012

Candidate Name

**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2012

**Transaction ID : 12303**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2012

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

**Transaction ID : 12304**Purpose of Disbursement  
Renewal 2012

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2012

Mailing Address PO BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

**Transaction ID : 12405**Purpose of Disbursement  
District event 3/14

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**FRANK JR PALLONE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 06

Full Name (Last, First, Middle Initial)

**C. PAUL COBLE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2012

Mailing Address PO BOX 17295

City	State	Zip Code
RALEIGH	NC	27619

**Transaction ID : 12397**Purpose of Disbursement  
BOT Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**PAUL COBLE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR PEARCE**

Mailing Address PO BOX 2696

City	State	Zip Code
HOBBS	NM	88241

Purpose of Disbursement  
Lunch 3/1

011

Category/  
Type

Candidate Name

**STEVAN E. PEARCE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

**Transaction ID : 12408**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&amp;W 2201 WISCONSIN AVE., NW

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement  
Renewal 2012

011

Category/  
Type

Candidate Name

**REPUBLICAN MAINSTREET PARTNERSHIP PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

**Transaction ID : 12306**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS**

Mailing Address P. O. BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

Purpose of Disbursement  
Local Member Event 2/13/12

011

Category/  
Type

Candidate Name

**PAUL D. RYAN**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

**Transaction ID : 12326**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. RYAN FOR CONGRESS**

Mailing Address P. O. BOX 1488

City  
JANESVILLEState  
WIZip Code  
53547Purpose of Disbursement  
Dinner 2/27

011

Category/  
Type

Candidate Name

**PAUL D. RYAN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

**Transaction ID : 12396**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. SCOTT RIGELL FOR CONGRESS**

Mailing Address 915 FIRST COLONIAL ROAD

City  
VIRGINIA BEACHState  
VAZip Code  
23454Purpose of Disbursement  
Lunch 2/29

011

Category/  
Type

Candidate Name

**EDWARD SCOTT MR. RIGELL**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

**Transaction ID : 12403**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. STEVE CHABOT FOR CONGRESS**

Mailing Address 3030 HARRISON AVE.

City  
CINCINNATIState  
OHZip Code  
45211Purpose of Disbursement  
District event 3/12

011

Category/  
Type

Candidate Name

**STEVE CHABOT**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

**Transaction ID : 12406**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City	State	Zip Code
COLUMBUS	OH	43231

Purpose of Disbursement  
Reception 1/24/12

Candidate Name

**PATRICK J. TIBERI**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2012

**Transaction ID : 12312**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Purpose of Disbursement  
Breakfast 2/8/12

Candidate Name

**FREDERICK STEPHEN UPTON**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

**Transaction ID : 12318**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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63500.00
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